DWIGHT MORROW HIGH SCHOOL ALUMNI EDUCATIONAL ALLIANCE

Englewood, New Jersey



**2019­-2020 GRANT APPLICATION**

The Dwight Morrow High School Alumni Educational Alliance funds initiatives for new or expanded academic activities and resources at DMHS. Our primary focus is DMHS but we also encourage Academies@Englewood faculty and staff to submit grant applications and to participate in our funded programs. The maximum amount available is $2,000.

We do not have specific grant application deadlines. Instead, we consider each application as it arrives and will typically provide a decision, or a request for revisions, within 2 months of receiving the application. Funds will be available within 2 weeks of final approval.

This means that for funds to be available in time for the start of the 2020-2021 academic year, the application should be submitted by the end of September 2020. This provides 2 months for our review and 1 month for any revisions. If the project requires that goods or services be purchased and available by the start of the academic year, the application should be submitted proportionately earlier than the end of September.

Application Instructions:

1. At least half of the students involved must be from DMHS*.*
2. Most of our grants are to only one teacher, but team projects are encouraged. If you are applying for a grant with one or more colleagues, list all names in Item 1, but place the primary contact first and provide only that person’s contact information in Item 2.
3. Type your responses into the Word document below. The final application should not exceed three pages (plus this instruction page and the signature page).
4. You may include attachments of up to 10 pages, but required information should be typed in the appropriate section of the application and not relegated to an attachment.
5. Print the completed application and have it signed by your department chair (if applicable) and principal. If the project spans multiple schools or if it is to be administered at the level of the school district, the application must also be signed by the superintendent or designee.
6. Send the signed application to Bethany Rabinowitz, 17 Woodhill Dr., Maplewood, NJ 07040 or bethany17@comcast.net. If you use email, send the file as a pdf or in Word protected form.
7. To expedite the review process, we will accept applications that have not yet been signed by the Principal. But we require that signature before giving final approval for funding.
8. If you are reading this from a printed copy and would like a digital copy, contact us at dmhsalumni@gmail.com or bethany17@comcast.net or download a copy from our website: dmhsaea.com

If we fund your project:

1. Save any receipts for goods and services purchased with the grant money.
2. Keep a record of student participants’ names and whether they are from DMHS or A@E.
3. When you complete your project, send the DMHSAEA:
	1. a summary of 200-300 words on the result, including the numbers of participants from DMHS and from A@E (without students’ names).
	2. any other documents showing the results of your project such as photos, graphs or tables that the DMHSAEA can post on its website and otherwise use for publicity. (You cannot take identifiable photos of students without their parents’ specific permission in writing.)
4. If all of the grant money awarded is not spent by the project end date that you specify in your proposal, you (or the EPSD) must return the remaining funds or apply for an extension. Further details on that procedure are available from the DMHSAEA on request.
5. Any published, printed or presented material relating to the grant or its results must state, “Supported by a grant from the Dwight Morrow High School Alumni Educational Alliance.”

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| DMHSAEA Grant Application | Type your responses below, expanding the space as needed. Do not exceed three pages, not including the instruction and signature pages.  |
| 1 | Title of the proposed project |  |
| 2 | Names of all applicants, with professional positions or titles. List the primary contact first. |  |
| 3 | Primary applicant’s phone number. We prefer a **cell phone** if possible. |  |
| 4 | Primary applicant’s email address |  |
| 5 | Describe the background to the project or your motivation to organize it or the need that it would satisfy.  |  |
| 6 | Describe the activities that students would perform in this project.  |  |
| 7 | If the grant would buy or rent equipment or supplies, describe it and its use (unless obvious).  |  |
| 8 | If the grant would pay speakers or others, describe as specifically as possible who those people are, their qualifications and what they would do as part of the project. |  |
| 9 | How many students would participate and what set of students is this project intended to benefit? |  |
| 10 | Briefly tell us anything else about your project that we should know that’s not covered in items 5-9. |  |
| 11 | Total amount requested from the DMHSAEA |  |
| 12 | Provide an itemized budget for the amount being requested from the DMHSAEA. Include hourly rates for speakers or other vendors if applicable. |  |
| 13 | If the project’s overall budget exceeds the amount requested here, describe your plans for securing the additional funds. |  |
| 14 | Budget timeline, including approximate predicted dates of first and last expenditures |  |
| 15 | On approximately what date do you want the activity itself to occur (or to start)? |  |
| 15 | Are you including an attachment? If so, how many pages (10 maximum)? |  |

DMHSAEA Grant Application: signature page

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| --- | --- |
| Title of project |  |
| Primary applicant |  |

By my signature below, I grant DMHSAEA the right to use this proposal and the results of the project for publicity and other public information purposes and/or to help other educators, including, without limitation, posting information about the project on the Internet and in printed materials.

I will comply with the rules stated in this application, including the requirement for a final report as to the completion of the academic activity and the details of the budgetary expenditures.

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| --- | --- | --- |
| Printed names of applicants | Signatures | Dates |
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Administrative approvals: By our signature below, we assert that we have reviewed this proposal, grant permission for its execution, feel confident that it can be completed by the applicant(s) as proposed, and can make available any facilities, equipment, supplies or staff time necessary to the completion of the project that are not in the budgetary request.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed name | Signature | Date |
| Dept. Chair(if applicable) |  |  |  |
| Principal |  |  |  |
| Superintendent(if applicable) |  |  |  |